

Tier Two Emergency and Hazardous Chemical Inventory

Community Right-to-Know
(REQUIRED INFORMATION)ID #: WAD 980 738 546

Specific Information by Chemical

Revised April 2000

Facility Identification Name <u>ALASKAN COPPER WORKS</u> Address <u>3200 6TH AVENUE SOUTH</u> City <u>SEATTLE</u> County <u>KING</u> State <u>WA</u> Zip <u>98124</u> Latitude _____ Longitude _____ SIC Code <u>33498</u> Dun Bradstreet No. <u>0707251571</u>		Main Contact Name <u>JAMES BROWN</u> Email _____ Phone (206) <u>623-5800</u> Fax (206) <u>382-6590</u>	
Owner/ Name <u>BILL ROSEN</u> Operator Street <u>P.O. BOX 3546</u> City <u>SEATTLE</u> State <u>WA</u> Zip <u>98124</u> Phone (206) <u>623-5800</u>		Mailing Address Must be included if different from Facility Address Address <u>P.O. BOX 3546</u> City <u>SEATTLE</u> State <u>WA</u> Zip <u>98124</u>	
		Emergency Contact Name <u>JAMES BROWN</u> Title <u>OPERATIONS MANAGER</u> Phone (206) <u>623-5800</u> Ext. _____ 24-hr. Phone (206) <u>399-3003</u> Ext. _____ Name _____ Title _____ Phone () _____ Ext. _____ 24-hr. Phone () _____ Ext. _____	

Important: Read all instructions before completing form.

Reporting Period: From January 1 to December 31, 2007

Chemical Description	Physical and Health Hazards (check all that apply)	INVENTORY	Storage Codes			Storage Locations (Non-Confidential) Only 105 characters available including word spaces (Please Print)
			Container Type	Pressure	Temperature	
CAS <u>00729737</u> Trade Secret <input type="checkbox"/> Chem. Name <u>NITRIC ACID - 10%</u> EHS Name _____ Check all that apply <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pure Mix Solid Liquid Gas EHS	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input checked="" type="checkbox"/> Max. Daily Amount (code) <input checked="" type="checkbox"/> Avg. Daily Amount (code) <input checked="" type="checkbox"/> No. of Days On-site	<input checked="" type="checkbox"/> Type <input type="checkbox"/> Pressure <input type="checkbox"/> Temperature	<input type="checkbox"/> Type <input type="checkbox"/> Pressure <input type="checkbox"/> Temperature	<u>3200 6TH AVE SOUTH - NORTHEAST CORNER OF MAIN SHOP</u>	
CAS <input type="checkbox"/> Trade Secret <input type="checkbox"/> Chem. Name _____ EHS Name _____ Check all that apply <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pure Mix Solid Liquid Gas EHS	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> Max. Daily Amount (code) <input type="checkbox"/> Avg. Daily Amount (code) <input type="checkbox"/> No. of Days On-site	<input type="checkbox"/> Type <input type="checkbox"/> Pressure <input type="checkbox"/> Temperature	<input type="checkbox"/> Type <input type="checkbox"/> Pressure <input type="checkbox"/> Temperature		
CAS <input type="checkbox"/> Trade Secret <input type="checkbox"/> Chem. Name _____ EHS Name _____ Check all that apply <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pure Mix Solid Liquid Gas EHS	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<input type="checkbox"/> Max. Daily Amount (code) <input type="checkbox"/> Avg. Daily Amount (code) <input type="checkbox"/> No. of Days On-site	<input type="checkbox"/> Type <input type="checkbox"/> Pressure <input type="checkbox"/> Temperature	<input type="checkbox"/> Type <input type="checkbox"/> Pressure <input type="checkbox"/> Temperature		

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one thru 1, and that based on my inquiry of these individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

James Brown Ops. Mgr. Name and official title of owner/operator's authorized representative
James Brown Signature
2/28/03 Date Signed

OPTIONAL ATTACHMENTS

- ☐ I have attached a site plan
☐ I have attached a list of site coordinate abbreviations
☐ I have attached a description of dikes and other safeguard measures

Facility Name _____

TIER TWO CONTINUATION FORM

Chemical Description	Physical and Health Hazards <i>(check all that apply)</i>	INVENTORY	Storage Codes						Storage Locations (Non-Confidential)	
			Container							
Type	Pressure	Temperature	<i>Only 105 characters available including word spaces (Please Print)</i>							
CAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Trade Secret <input type="checkbox"/>	<input type="checkbox"/> Fire	<input type="checkbox"/> Max. Daily Amount (code)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Chem. Name _____	<input type="checkbox"/> Sudden Release of Pressure	<input type="checkbox"/> Avg. Daily Amount (code)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
EHS Name _____	<input type="checkbox"/> Reactivity	<input type="checkbox"/> No. of Days On-site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Check all <input type="checkbox"/> Pure Mix Solid Liquid Gas EHS	<input type="checkbox"/> Immediate (acute)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
that apply	<input type="checkbox"/> Delayed (chronic)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
CAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Trade Secret <input type="checkbox"/>	<input type="checkbox"/> Fire	<input type="checkbox"/> Max. Daily Amount (code)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
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